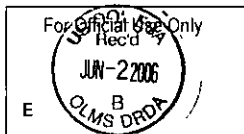


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



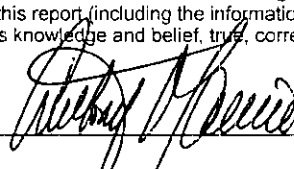
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5297	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Anthony Marino P.O. Box, Bldg., Room No., if any c/o Local 813 I.B.T. Street 45-18 Court Square, Suite 600 City Long Island City State New York ZIP Code + 4 11101-4347	4. Name, file number, and address of labor organization. Name Local 813 I.B.T. Labor Organization File Number 036-119 P.O. Box, Building and Room Number, if any Suite 600 Street 45-18 Court Square City Long Island City State New York ZIP Code + 4 11101-4347
5. Position in labor organization. Recording Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 05/31/2006 Date	718-937-7010 Telephone Number

Name of Person Filing **Anthony Marino**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Local 813/1034 Severance&Retirement Tr. Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 600**

Street **45-18 Court Square**

City **Long Island City**

State **New York** ZIP Code + 4 **11101-4347**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Related Local 813/1034 Severance & Retirement Trust Fund

11.b. Approximate dollar value of such dealing.

\$2,828,571

12.a. Nature of interest held or income received.

Attended Trustee Meeting - Parking Expense

12.b. Amount.

\$19

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Anthony Marino

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 813/1034 Severance&Retirement Tr. Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 600

Street 45-18 Court Square

City Long Island City

State New York ZIP Code + 4 11101-4347

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Related Local 813/1034 Severance & Retirement Trust Fund

11.b. Approximate dollar value of such dealing.

\$2,828,571

12.a. Nature of interest held or income received.

Attended Trustee Meeting - Lunch Expense

12.b. Amount.

\$28

Name of Person Filing Anthony Marino

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 813/1034 Severance&Retirement Tr. Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 600

Street 45-18 Court Square

City Long Island City

State New York ZIP Code + 4 11101-4347

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Related Local 813/1034 Severance & Retirement Trust Fund

11.b. Approximate dollar value of such dealing.

\$2,828,571

12.a. Nature of interest held or income received.

Attended Local 813/1034 Severance & Retirement Trust Fund 2005 Christmas Party

12.b. Amount.

\$98